

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90030 005 \*\*\*\*50.00

**DOCUMENT # L02000019431**

1. Entity Name  
**VILLA PONCE LLC**



Principal Place of Business  
**VILLA SALES CENTER  
 1804 PONCE DE LEON BLVD  
 CORAL GABLES, FL 33134**

Mailing Address  
**VILLA SALES CENTER  
 1804 PONCE DE LEON BLVD  
 CORAL GABLES, FL 33134**

**DO NOT WRITE IN THIS SPACE**



02062006 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>02-0641193</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**VILLA SALES CENTER  
 1804 PONCE DE LEON BLVD  
 CORAL GABLES, FL 33134**

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VILLA PONCE INC. 1804 PONCE DE LEON BLVD. CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CENTURY HOMEBUILDERS 7270 NW 12 STREET, 410 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MENENDEZ, JUAN C 1804 PONCE DE LEON BLVD. CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PINO, SERGIO 7270 NW 12 STREET STE 410 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*4/10/06*